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other end tied to the crib by means of tapes, prevents his getting the hands to the face, and at the same time allows much freedom of motion. Above all things, let the parents see that you are doing your utmost for the child. If you are getting too tired, call for another nurse, but do not relax your efforts for one moment. The time may be probably coming when the only comfort for the parents will be the thought that their baby was made as comfortable as human power could make him.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

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I HAVE an all-abiding faith in the efficacy of the "Gospel of Cheerfulness" for practical use in every-day living.

We are influenced—consciously or unconsciously—by our surroundings, and they often prove to be a great factor in our lives for joy or sorrow. How gladly we welcome to our homes the friend with a cheerful face who persists in looking on the bright side of life, the letter bringing us "good news from a far country," the book with a laugh on every page, or the joyousness of a sunny spring morning which awakens hope and courage in our hearts! And if these trifles impress us so deeply when we are strong and active, how much the more will they influence those who are shut in to a world of suffering.

"Since trifles make the sum of human things,
And half our misery from our foibles springs."

The nurse who possesses a cheery, hopeful disposition will have a tremendous influence for good with her patients, often pouring "the cup of strength in some great agony" which will raise them up out of the "slough of despond" where so many sufferers dwell.

When there is an invalid in the family, how naturally all the brightness of the home life is laid at her feet. The most cheerful seat at the fireside, the brightest books and flowers, and the daintiest morsels to eat become her daily portion, thus illustrating the theory that cheerfulness in every form is essential to the well-being of the sick.

Sunshine is almost a necessity in a sick-room; it is a simple matter to shut it out with shades, blinds, or screens when not desired, and there are few patients who are not the better, morally and physically, for its

admittance into the room sometime during the day,—indeed, in most cases it is a material aid to recovery.

It is not always possible to choose a room in the home that may best suit the invalid. As a rule, the patient will cling to his or her own room, even if not the most convenient; and again, should the illness prove to be a matter of weeks or months, where the larger share of the nursing falls to the lot of the family, all extra work that would be involved by two or three flights of stairs, long passages, or great distance from the bath-room must be considered. However, where it is possible to choose a room beforehand for the patient, let it be a large, sunny room, with good ventilation and as far removed as possible from the living-rooms of the family.

When preparing for a surgical case or an infectious fever especial arrangements are required which we will discuss later, but when the patient is suffering from one of the thousand and one lesser ills that flesh is heir to, and in which a few days' rest of mind and body with tender home nursing often form the basis of the cure, the arrangements of the room are very simple, and the "Gospel of Cheerfulness" may have full sway.

The bed should stand out a little from the wall on all sides to allow the free passage of air around it, a screen being so arranged as to protect the patient from draughts.

Of course, a single iron bedstead is by all odds the best, but in slight cases of illness it is not an absolute necessity. Unless it is unavoidable, do not allow the bed to face a window, as the light falling directly on the eyes for a lengthened period is most injurious. If the illness promises to be a long one, remove all unnecessary furniture and some of the superfluous knick-knacks, as they weary the eyes of the patient and take up a great deal of the nurses' time dusting and keeping them in order. Flowers, however, are never out of place; they fill the room with cheer and brightness and are ever sweet messengers of hope.

A little table on the right-hand side of the bed, covered with a dainty white cloth, is indispensable to hold the many trifles required by the patient. Medicine bottles or boxes should be kept out of sight. In the days of "Sairy Gamp" the sick-room used to present very much the appearance of an apothecary's shop, where rows of sticky medicine-bottles never for a moment allowed the patient to forget that some dreadful concoction was to be poured down his throat at frequent intervals. In fact, as far as possible all appearance of a sick-room should be avoided, and the necessary appliances for nursing kept either in another room or at least out of the patient's sight. Soiled linen should be removed at once, and no empty glasses or dishes allowed to stand about, as they make a very untidy appearance.

Every morning a short time must be spent in arranging the room for the day. After the patient is bathed, as described in the October number, bed changed, and any extra appliances used during the night have been removed, pass the carpet-sweeper softly over the floor (when there is no carpet-sweeper use a small brush and dustpan to gather up the scraps), then dust the room quietly without making any unnecessary disturbance. Immaculate cleanliness in regard to patient, nurse, and room is one of the first principles of nursing. No matter how simple the home, or how little there may be to make the room attractive, perfect cleanliness and good ventilation are always obtainable. When the supply of extra linen is limited, try the experiment of keeping two changes on hand all the time, every night and morning removing the night-gown, pillow-case, draw-sheet, and upper sheet, hanging them to air in an adjacent room for the next twelve hours, thus providing the patient with a refreshing change, and at the same time making your supply of clean linen last a much longer period.

Ventilation of the sick-room is such an important point that, as my space is limited, I will reserve its discussion until next month.

(To be continued.)

WOMANLINESS IN NURSING

By ESTELLE HALL SPEAKMAN

Graduate Johns Hopkins School for Nurses

THERE is continual need in our profession of cultivating womanliness. By that I mean the character made up of truthfulness and love which is infinite in its tenderness. To this should be added that beautiful common-sense which does the drudgery of life in a spirit of uncriticising helpfulness.

It is not enough to train brain and body for this great profession of ours,—the heart also needs education, and must stand watch at the helm.

That is true sympathy that puts one in understanding touch with the patient's mental and physical sufferings and with those of his relations and friends.

Splendid work can be done in the sick-room without waste of brain, nerve, or muscle under the guidance of divine love.

In the story of the raising of Jairus's daughter, is it not the knowledge of the true sympathy of the Healer with the sufferings of the mother